DOCUMENT RESUME

ED 316 128 HE 023 241

AUTHOR Belock, Shirley; And Others
TITLE Adapting the Nursing Curriculum To Enhance Nurse/Patient Relationship by Meeting the Needs of the Multi-Ethnic, Multicultural South Florida Community.
INSTITUTION American Association of State Colleges and Universities, Washington, D.C.; Florida International Univ., Miami. School of Nursing.
SPONS AGENCY Fund for the Improvement of Postsecondary Education (ED), Washington, DC.
PUB DATE 87
GRANT G008302586
NOTE 30p.; This report is one of a group gathered by the AASCU/ERIC Model Programs Inventory Project, funded by the Fund for the Improvement of Postsecondary Education to the American Association of State Colleges and Universities in collaboration with the ERIC Clearinghouse on Higher Education. For related documents, see HE 023 199-261.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Community Characteristics; *Cultural Pluralism; *Curriculum Development; Ethnic Groups; *Helping Relationship; Higher Education; Intercultural Communication; Models; *Nursing Education; Program Descriptions; School Community Relationship; State Universities
IDENTIFIERS *AASCU ERIC Model Programs Inventory Project; Adapting the Nursing Curriculum; Florida (South); *Florida International University

ABSTRACT

Florida International University's project is designed to sensitize nurses to the intercultural, interracial problems experienced when working with the local, multiethnic community. It consists of an educational module augmenting the technical curriculum and intended to: (1) enhance nurses' knowledge and understanding of cultural and racial issues; (2) improve verbal and nonverbal communication between non-Hispanic white nurses and their Hispanic, black, Haitian, Asian, Jamaican, Jewish, and Caribbean patients; (3) help nurses understand their own biases and evaluate underlying assumptions in their treatment of culturally different patients; (4) clarify myths and identify realities about culturally and racially different individuals; (5) improve nurse-patient relationships; (6) increase job satisfaction and effectiveness; (7) enhance the role of the patient's family in the treatment process; (8) encourage faculty to explore cultural and racial issues; (9) prepare nurses for some patients' culture shock on entering the hospital; (10) alleviate patient feelings of being alienated, ignored, and dehumanized; and (11) increase understanding of the multiethnic/multicultural patient population in a variety of health care situations. Five references. (MSE)

ED316128

ADAPTING THE NURSING CURRICULUM TO ENHANCE NURSE/PATIENT RELATIONSHIP BY MEETING THE NEEDS OF THE MULTI-ETHNIC, MULTI-CULTURAL SOUTH FLORIDA COMMUNITY

Funded by:

THE FUND FOR THE IMPROVEMENT FOR SECONDARY EDUCATION

Grant Number: G008302586
Period of Award: Oct. 1, 1983 through Sept. 30, 1986

Team Members:

Shirley Belock, RN, EdD, JD, Project Director
Donna Rush, ARNP, EdD
Gema Hernandez, EdD
Yvelise Jean-Baptiste Secretary

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Shirley Belock

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

SCHOOL OF NURSING
FLORIDA INTERNATIONAL UNIVERSITY
Miami, Florida

HE023 241

BEST COPY AVAILABLE

AASCU/ERIC Model Programs Inventory Project

The AASCU/ERIC Model Programs Inventory is a two-year project seeking to establish and test a model system for collecting and disseminating information on model programs at AASCU-member institutions--375 of the public four-year colleges and universities in the United States.

The four objectives of the project are:

- To increase the information on model programs available to all institutions through the ERIC system
- To encourage the use of the ERIC system by AASCU institutions
- To improve AASCU's ability to know about, and share information on, activities at member institutions, and
- To test a model for collaboration with ERIC that other national organizations might adopt.

The AASCU/ERIC Model Programs Inventory Project is funded with a grant from the Fund for the Improvement of Postsecondary Education to the American Association of State Colleges and Universities, in collaboration with the ERIC Clearinghouse on Higher Education at The George Washington University.

ABSTRACT

Miami and southeastern Florida region have become a microcosm of Latin American and Caribbean culture. This multicultural, multiethnic community has had a dramatic impact on health care professional, including the field of nursing. Traditional educational preparation in nursing schools has not prepared these nurses to deal with the needs of the region's multicultural, multiethnic population.

Florida International University, a four year public institution, is set within the environment of Miami and southeastern Florida. The University's School of Nursing, in cooperation with the Latin American and Caribbean Center, requested and received grant support from the Office of Post-Secondary Education under the Fund for the Improvement of Post secondary Education to develop and integrate an educational program for nurses designed to address this important issue, i.e., the multicultural, multiethnic needs of nurses and the patients they care for.

The project was designed to sensitize nurses to the intercultural, interracial problems experienced when working with patients; to assist the nurse to understand their individual biases; and, evaluate the underlying assumptions they use in their treatment of culturally different patients.

The report discusses the difficulty of resistance encountered from the School of Nursing faculty to the emotional issues underlying cultural biases. This resistance resulted in a revision in the way the program was presented. The final product includes the use of video tapes of hospital scenes of common interaction between nurses of one culture and patients of another culture. Florida International University nursing students were hired as the actors for the video tapes.

The final phase was the incorporation of the project into the curriculum of the School of Nursing. This incorporation has been completed, and includes a "stand alone" course on cultural issues taught by a member of the project team.

Introduction:

This presentation concerns the highs and lows of the project to incorporate multicultural and multiethnic issues into the curriculum of the School of Nursing at Florida International University The project resulted in four separate and distinct components concerning the hospitalized patients and families and the nurses who work with them.

Discussed is the major struggle of the team in finding the correct vehicle to present the material. In the case of the faculty of the School of Nursing difficulties were encountered. The presentation the first time to this group was very emotionally ridden leading to almost complete resistance. The faculty of mixed ethnic origin resisted and refused to address their own cultural biases. This resistance lead to revisions of the first two prepared modules. The revisions resulted in the preparation of video tape presentations or interactions between ethnic groups which could be offered in a more neutral atmosphere and thus participants, including the faculty, were more receptive. This was important because of faculty interaction with the nursing students. The faculty has tremendous effect on the lives, attitudes, morals and mores of the nursing student, which in turn impacts on the way these future nurses care for and treat their patients.

Background:

Miami's emergence as an international city has coincided with the development of South Florida as a health services center for Latin America and the Caribbean. For the residents of South Florida, this linkage is very real. For the health care professional

this linkage is having a direct impact, which has resulted in the high turnover rate of nurses in the local hospitals, and a high degree of job-related stress and frustration.

Within this context the State University System and the State Legislature gave Florida International University the responsibility of developing the School of Nursing. The School of Nursing was opened in August 1982.

The School of Nursing found itself faced with a series of unique challenges. Among these challenges was meeting the multicultural, multiethnic environment in southeast Florida.

In preparing for the challenge, the faculty of the School of Nursing contacted a number of hospital administrators, health professionals and practicing nurses on an informal basis to determine how the School could better serve their needs and to aid in reducing the rapid rate of nurse turnover. From this preliminary exploration a number of problems were identified that demonstrated an inadequacy in the existing traditional educational system for nurses.

From this preliminary work, a hypothesis was formed that one of the major reasons for the high turnover rate and the frustration was traceable to an educational system that did not prepare nurses to work and function with a multiethnic, multiracial and multicultural population. Thus, while nurses did receive the basic knowledge and experiences to meet the professional demands of their jobs, they lacked key cultural awareness, sensitivity and communication skills to deal successfully with the international community they served (Kierson, 1981; Ruiz, 1981).

In a profession so burdened with emotional crises, it was crucial for nurses to understand and to communicate with the patient not merely on a linguistic level but on an emotional one as well. It was necessary to know not only how one treats the disease, but also how one cares for human beings with the disease.

Thus, it appeared that nurses in southeast Florida faced two major problems: 1) In the case of a white non-Hispanic nurse, the inability to understand the culture of the patients and their families; and, 2) In the case of the Hispanic nurse, a high level of what Ms. Adelaide Simpson calls "Inappropriate pressures" she feels while attending white non-Hispanic patients (Simpson, 1981)

Further, it was important to note that nurses of different racial and ethnic backgrounds experienced some of the following pressures:

1. The pressure to prove to the patient and to other nurses their individual competence, no matter what their ethnic or cultural background.

2. The pressure of feeling alienated in those hospitals where there were few minorities.

3. The pressure felt when it is suspected that the evaluation of one's work is a reflection of the supervisor's racial or ethnic bias.

Even though these problems were recognized, this grant concentrated on the inefficiencies of the present educational system as it pertained to preparing professionals to deal with multiethnic, multicultural and multiracial environment.

The problem identified was not new, it had been explored to some extent before. Davis and Yoshida (1981), mentioned that many

immigrant groups were not adequately served by the traditional community educational, health and social agencies because the staff was not adequately trained in understanding the language and culture of immigrant groups. They continued by saying that "Cultural background forms the blueprint for the development of one's values, beliefs and practices" (p.22).

Rackowsky (1980) stated that nurses must look within themselves to their own cultural soil for answers to patients' reactions to cancer, emphysema, birth control and stomach upheavals. By the time a patient enters the hospital, the hospital opens a Pandora's box which only careful cultural care can control.

Ruiz (1981) emphasized that not enough attention was paid to patients' cultural and ethnic differences. In fact, according to the author, nurses had been taught as if all patients were members of the dominant American group--white, Christian, of European ancestry.

From Ruiz' article, the role faculty members played in maintaining the status quo became clear and crucial. Faculty attitudes, beliefs, and values were transmitted to students in clinical supervision and in classrooms.

It was discouraging to find that even though a number of professionals have recognized the problem, up to now no serious efforts had been funded to explore solutions to this problem.

The faculty of Nursing at the University of Toronto had developed a Model for Cultural Assessment which had been combined with traditional nursing assessment tools. The model helped identify

cultural differences, among patients but it failed to help nurses understand and cope with them (Davis and Yoshida, 1981).

The majority of nurses in the United States have been educated in traditional programs and participated in traditional in-service training. In service training was designed to increase technical expertise, however, it failed to present a number of issues crucial to improving job satisfaction, enhancing nurse/patient relationships and augmenting effectiveness.

While the traditional technical training was invaluable and necessary to the provision of quality health care, it does not prepare nurses to effectively interact with, and better serve the multiethnic and multicultural patient populations in the southeast Florida area and across the United states.

This project was designed to sensitize nurses to the intercultural, interracial problems experienced when dealing with patients. An educational module was prepared to go beyond the present curriculum and education program and accomplish the following objectives:

1. Enhance nurses' knowledge and understanding of cultural and racial issues.

2. Improve verbal and non-verbal communication between non Hispanic white nurses and their Hispanic, Black American ,Haitian, Asian, Jamaican, Jewish and Caribbean patients. (These are the primary minorities in the southeast Florida area.)

3. Help nurses understand their own biases and evaluate underlying assumptions in their treatment of culturally different patients.

4. Clarify myths and identify realities as they pertain to individuals that care culturally and racially different

5. Improve nurse-patient interpersonal relationships .

6. Increase job satisfaction and job effectiveness.

7. Enhance the role of the patient's family in the treatment process.

8. Encourage faculty members to explore cultural and racial issues to help students function more effectively in a multiethnic, multicultural society.

9. Prepare nurses to deal with the cultural shock some patients suffer when entering the hospital.

10. Alleviate the pressure on the patient caused by feelings of being alienated, ignored and dehumanized due to the lack of understanding of cultural differences by practicing nurses.

11. Understand the multiethnic, multicultural patient in a variety of health care situations, such as psychiatric/mental health, obstetrics, pediatrics, surgical and medical settings.

Methodology

The sensitization unit was made up of four components: 1) Value Systems, 2) Definition of Culture, 3) Hospitalization, Illness and Pain within a Cultural Context, and 4) How Can I Be More Effective.

Each component was independent of the other, but at the same time, part of the overall goals and objectives of the unit.

Description:

At the time the grant was first conceptualized, it was determined that faculty of the School of Nursing needed to be sensitized to the needs of the multi ethnic and multiethnic population of the Miami area. The rationale behind this decision was

that since faculty have a tremendous impact on their students, the sooner they become sensitized to cultural differences existing among the various populations, the better it would be for the students and for the patients. By exposing the faculty to the sensitization Module the following goals could be accomplished: 1) They could incorporate it in their own interpersonal dealings 2) They would feel more comfortable in exploring with their students the basic concepts of cross cultural communications. 3) they would transmit to their students the basic concept of cross cultural communications.

However, when it was time to introduce the first module, the project team decided to introduce the Module almost simultaneous to the three different groups. By doing this, the team would be able to measure and compare each group's response. The three groups were: 1) The National Association of Nephrology Nurses; 2) The Nursing Staff of American and Miami Dialysis Unit; and 3)The faculty of the School of Nursing.

In the first group, The National Association of Nephrology Nurses, a total of 200 nurses attended the one and one half hour presentation. The group responded in an extremely positive manner and contributed to the presentation by providing examples of their experiences. The group was ethnically and racially mixed, i.e., Orientals, Black, Hispanics, Whites, Jamaicans and American Indian Nurses. The attendance was not mandatory but voluntary. Thus, it was obvious that the main reason they chose to attend this specific presentation, out of the three offered at the same time, was their motivation to learn more about this subject matter, or they had a personal need to validate or clarify their feelings, either

because they had suffered the effects of discrimination, or because in their dealings with a multi-ethnic population, had aroused some concerns. This audience was ready and willing to explore their feelings and biases.

The second group was the nursing staff of American and Miami Dialysis Unit. This group was also mixed, being composed of white, Hispanic and black nurses.

This second group had been selected because they had verbalized to their supervisors their concerns about not getting through to their Hispanic, Haitian, and Black clients. The presentation was well received. A great deal of questions were asked, primarily about specific situations or what to do in certain cases and in dealing with the Hispanic family. No obvious resistance was encountered.

The third target audience was a completely different situation. The target audience, the faculty of the School of Nursing at Florida International University, did not ask for the training nor were they aware of, or willing to work through their biases. This group, like the other two, was ethnically and racially mixed. They were composed of three black nurses, three white Jewish nurses, one American Indian, seven white non Hispanic nurses, and two Asian nurses.

To properly evaluate this experience, it must be recognized that the group believed they were being forced to attend. Other possible resistance factors could have been, the competition for grants among the faculty, the didactic instruction was conducted by a persons who was not a faculty member of the School of Nursing,

but was from the Latin American and Caribbean Center of the University, and may have been viewed as an outsider. No matter what the underlying reason was, the resistance was there and was manifested in the number of times the presentation needed to be rescheduled.

During the session, the didactic information presented was getting through, however, from an attitudinal perspective things were basically the same, there was no major change perceived from the first session to the second one. It was made very clear to the team that faculty were reluctant to deal with their biases and feelings.

The conclusions from these sessions was that, as long as the information was delivered from an intellectual, academic context, the audience would respond in an intellectual academic way. They would be enlightened but, emotionally would not be affected..

This valuable experience of the intellectualization that went on at the time the nursing faculty was demonstrated when Module I was presented. The team evaluated this experience, which then aided in preparing Module II, III, and IV through the use of a revised approach. The team believed the best way to handle the presentation of Module II would be to prepare three scripts. These three scripts would be video taped, which would be a more neutral format and thus, and would be less stressful to the audience (see appendices for the three scripts). Each prepared script dealt with intercultural, interracial issues that had been previously identified by practicing nurses as crucial. The three issues (and scripts) selected were:

1. The relationship between a white non Hispanic patient, a white Hispanic patient, a black patient and a white non Hispanic nurse.

2. A white Hispanic patient, a white Jewish patient, a black nurse and a white non Hispanic nurse

3. A Hispanic family and a white non Hispanic nurse.

To further enhance the effectiveness of Module II the team involved nursing students as actors in the production of the training video tapes. Through this mechanism three goals would be met. These goals were: 1) sensitization of the students to cross cultural issues; 2) teaching students about cultural values through the role they played; and, 3) allowing the nursing faculty to see their students participating and working toward the goal of sensitization.

Of importance, was the ability to compare the students reaction with the reaction of the faculty. To carry out the project, nursing students volunteered and were chosen from each ethnic, racial group portrayed in the script. The volunteers were given a brief background of the project and of what was involved. The group was told that the three scripts would be video taped and would be used to educate future nurses in working with patients from other cultures and racial groups. At that time, the students were given the scripts and asked to review them for any issues they believed might be present. (The students used in the group were volunteers, but were paid through the grant for their participation.)

The team allowed the students to be free to express their emotions. During the first meeting the participating nursing student actors were told that this was a class project. They were asked to

act a real life situation and were given the freedom to make suggestions about any of the characters in the script.

The taping of the scenes proved to be anxiety producing. In fact, as the taping process continued there had to be more and more retakes of the scenes. By the time the group was ready to start with the first part of the second tape, their anxiety level had risen considerable. The more insight the nursing student actors gained, the more mistakes they made, the more confused they become and the more they laughed about what was happening. Some student began verbalizing their confusion, and in some instances, their anger, by say "Do you want me to act the way other people may act, or the way a nurse may do it, or the way I think it should be done?" The students were asked why it should be different, why in their mind a nurse should act one way, while a black or white person may act another. The team tried to convey to the student that in reality a nurse may be black or Hispanic or white but that should not change their behavior nor should the behavior be different.

Of the students participating in the program, the black students felt more uncomfortable and became less assertive as the video taping continued. During one of the video tapes the students playing the role of the white patient and a Hispanic patient became so involved in their parts that they almost started a fight. They got off the dialogue and created their own interaction in Spanish.

Once a script was completed, the team asked the students to react to a series of questions and to concentrate on their feelings. These reactions were also taped.

The final product consists of three scenes. Each scene contains two sections, each section independent of the other. Section I was the script itself, the students acting a real life situation: Section II was the students reaction to the script and to the role they were asked to play. Section II concerns the students' overall analysis of what could be done to improve or prevent the situation from happening.

After all the tapes were completed, the team met with the student actors and went over the experience, processing the students feelings. This final meeting was very positive, the student appeared to have become more sensitive to racial issues not only with those issues they would encounter in the patient setting, but also those they would encounter among their peers.

Now it was time for the faculty to go through the experience.

Module II presentation to the faculty of the School of Nursing began with a brief overview of what would be accomplished. This overview included a summary of the main points covered in Module I. Even though the team felt the resistance of the faculty, they continued and the first part of the first tape was shown.

After section I, of the first scene was shown to the faculty, the team asked the faculty to react to the video tape, to identify, what the problem was, to recommend ways to improve the situation, or to recommend ways to prevent the situation from happening in the first place. The team also asked the faculty to role play the different roles and to take the role of an individual that was racially or ethnically different from their own.

After the role playing, the faculty was asked to compare their responses to the student's responses and to react to the student's responses. Of interest is the fact that the response of the faculty and the students belonging to the same ethnic or racial group were similar. Black members were able to immediately identify the conflict the white nurse was experiencing when a white patient raised questions about the professionalism of the black nurse. Black faculty members also felt the same intimidation the black student felt while playing the part of the black nurse whose professionalism and credentials were questioned. White faculty nurses were able to relate to the difficulties the white nurse faced when she was confronting the Hispanic family or not giving attention to the black patient which that patient deserved. The Hispanic students on the other hand did not experience any conflict dealing with the Hispanic family or relating with and supporting the position of the black nurse.

Since Module II was presented in an innovative way, with a minimum of lecture and plenty of sensory stimulation and messages, the faculty responded more favorably to this presentation. Module II also allowed the faculty to bring more of their feelings and emotions to the surface; therefore, the team believed more insight was gained by each faculty member into their own behavior.

To further test the reactions to the video tapes, a shorter version of Module II was presented to the American Dialysis Unit nurses and was received exceptionally well.

After the faculty and the nurses at the American Dialysis Unit went through Module II and their feelings were processed and

additional insights by the participating nurses were noted. Module II was then used to serve as the model for presentations of Module III and IV

Results

The four units were completed. Materials from the four units were incorporated into classes presently being offered by the School of Nursing. This process included the reviewing of curriculum content in each course in order to incorporate the materials from the cultural sensitization program. This process was completed across the curriculum with some courses having heavier emphasis then others. The courses with the heaviest emphasis of this content are the professional nursing course: Legal/ethical/culture and Leadership/change agent, as well as a "stand alone course " called Cultural Aspects of Nursing. The first two courses incorporate materials from the cultural sensitization program. The "stand alone" course incorporates all of the materials and is taught by one of the members of the original team, who has gained continual insight into cultural differences each time the course is offered. The professor of the stand alone course is a psychiatric nurse clinician who has the training of relating to patients and has studied psychiatric differences of culture in depth since the inception of the grant.

There have been several presentations to local and national groups who were very receptive to the project.

Conclusions and recommendations:

The highs and lows of the project were tied directly to the presentation and delivery of Module I and Module II. While the

original Module I contained more didactic information, the emotional impact, other then the anger of having to attend the session on the nursing faculty was almost nil. The multicultural, multiethnic behavior of the nursing faculty was not affected, therefore, the team experienced a low, since the team had been certain that the faculty would be motivated, ready and willing to explore this issue. Their lack of interest forced the team to reconsider the approach in presenting the issues.

To be more specific, the team believed that by providing the audience with enough information to explain the behavioral dynamics of a specific group would be enough. The team thought that cultural explanations in itself would be rewarding and would open the door to better cross cultural interaction. However, this proved to be totally wrong and discouragement set in when it was discovered that didactic information and case studies provided defenses such as intellectualization and rationalization. It was observed that the higher the academic education of the individual involved in the sessions, the more intellectualization occurred, and the more resistance was encountered. The first time Module I was introduced, the faculty knew the "right answers". What remained to be accomplished was for them to incorporate those right answers into their ability to effectively work with Black, Hispanics, Haitian students and patients.

The high of the program was identified as the time when the team discovered the right vehicle to present the information. This vehicle which was through the recreating of real life situations on video tape bu using nursing student actors. The resulting

presentations then were able to appeal to the participant's emotions. Participants found it easy to go back to their previous experiences and relate to that emotional experience or reaction.

The resulting reintroduction of Module I, the effects of the new approach on the faculty and the way the students had participated in the project plus the gaining of insight into their individual dynamics was very gratifying.

The video tape appeared to be able to accomplish this. Once the resistance was overcome, the audience became more involved, was more receptive to the content and was then ready to explore the issues and their biases.

In a multicultural/multiethnic environment such as the Miami area, intracultural and intraracial understanding is not only important, but essential in order that all cultures may exist without conflict and may serve one another as the need arises.

Further, as the School of Nursing evolves and develops, in the southeast Florida environment, the concepts and values learned through the trials, errors and results of this grant will be incorporated, and indeed, will become a very important part of not only the undergraduate nursing studies, but future graduate studies as well.

REFERENCES CITED

Davis, M. and Yoshida, M. (1981) A Model for Cultural Assessment of the New Immigrant. The Canadian News. March: 22-23

Kierson, T. (1981) The Impact of Ethnicity on Community Mental Health. Journal of Nursing Education. March: 32-37.

Rackowsky, I. (1980) Nurses, Nursing and Culture. Supervisor Nurse July: 20-22.

Ruiz, M. (1981) Open-Closed Mindedness, In tolerance of Ambiquity and Nursing Faculty Attitudes Toward Culturally Different Patients. Nursing Research. 30 (May/June) pp. 177-181.

Simpson, A. (1981) Discussing Racial Topics in Class. Innovation Abstracts, Vol. V(3): February 4: 11

FLORIDA INTERNATIONAL UNIVERSITY
SCHOOL OF NURSING

HOSPITAL SETTING

Interview #1

Three patients are checking into their room in the hospital. They are all coming in with their luggage. As they enter the room the first patient goes to the bed next to the window. The second patient took the last bed, leaving the middle bed for the third patient.

DESCRIPTION:

First Patient: White middle aged American male, accompanied by his wife, who's in her early fifties. They're both monolingual.

Second Patient: White middle aged Hispanic male, accompanied by his wife, who's in her early fifties, his daughter who's in her mid twenties and his son who's in his mid thirties. The patient and his wife are monolingual, his son and daughter are bilingual.

Third Patient: Black middle aged male, accompanied by his sister, a black middle age female. They're both monolingual.

The three patients and their family members are all talking among themselves. The two wives and the sister begin placing the patient's clothes in the closet. The white American couple are talking very quietly. The Hispanic family is talking in the normal tone of voice. The black patient and his sister are quiet.

A white nurse enters the room. She said hello, and call each patient's name, they all answer after their names are called. The nurse goes toward the first patient and begins talking to him.

Hospital Setting
Interview #1

Nurse - Mr. Perkins I need to ask you a number of questions for our files. If you want I can come back after you are settled.

Mr. Perkins - Yes I would rather wait until I am settled.

Mrs. Perkins - Nurse, I am worrying about my husband's surgery, when will the doctor come?

Nurse - Mrs. Perkins, it understandable that you are worrying, but your husband is really in good hands. I am sure that the doctor will come and explain everything you need to know, don't worry.

Mrs. Perkins - Thank you!

Nurse - You're welcome. I will be back.

The nurse moved to the next bed and proceeds to introduce herself.

Nurse - Mr. Rogers I need to ask you a few questions. This will only take a second.

Mr. Rogers - Go ahead

While the nurse was questioning Mr. Rogers the focus changed to the Hispanic family who began receiving visitors. After the usual greeting in Spanish, they nurse interrups them.

Nurse - I am sorry but only two visitors per patient. Someone has to leave.

Hospital Setting
Interview #1

Daughter - I will be leaving soon.

Nurse - Does your father speak English?

Daughter - No he doesn't

Nurse - (giving her the questionnaire) before you go, help your father complete this form and give it to me on your way out.

As the nurse is leaving Mrs. Perez starts walking toward her and talking to her in Spanish.

Mrs. Perez - Enfermera, necesito un almuhada

Nurse - No, Spanish

Daughter - My Mother is asking for an extra pillow

Nurse - I don't know, why does she need another pillow?

Daughter - My Mother is going to spend the nigh with my Father.

Nurse - No, that is not allowed.

Daughter - My Father's doctor has signed the consent

Nurse - (Moving her head disaproving of the behavior) she stated,
I don't know, let me see.

The nurse exits the room the action stops.

ANALYSIS OF THE SITUATION

* What positive interpersonal skills have she displayed?

* Do you feel comfortable with the way she has handled herself in each cases?

* What would you change?

* How do you think the patients felt:

    1. Mr. Perkins -
    2. Mr. Perez -
    3. Mr. Rogers -

* Was language the major barrier in this situation?

PATIENT QUARRELS #2

Two female patients are in their hospital room, the first patient - Ms. Miller a White American female in her early forties, she is monolingual. The second patient - Ms. Rodriquez a White Hispanic female in her early twenties, she is bilingual.

With Ms. Rodriquez is her Mother. The two Hispanic females are talking. Ms. Miller is trying to watch TV.

A Black nurse enters the room, Ms. Miller calls

Ms. Miller - Hey, can you please tell those women to shut up I am tired of that noise.

Nurse - My name is Mrs. Watkins (directing her attention to Ms. Miller.) Can you please keep your conversation down (to the other patient).

Mrs. Rodriquez - If she doesn't like to listen to our conversation she can go to another room.

Nurse - Let's try to keep the peace.

Ms. Miller - Sure! you people are all the same sticking together. This is my Country.

Nurse - I think this is quite enough we cannot allow this behavior in the hospital.

A white nurse enters the room.

Nurse #2 - What is going on here?

Patient Quarrels #2

Ms. Miller - I want another room I don't want to stay here with these foreigners.

Nurse #2 - There is no need to be upset. Let see what we can do.

Nurse #1 leaves the room

Ms. Miller - I've had enough! Sharing my room with a Cuban. On top of that I do not need a Black nurse. This is just too much.

ACTION STOPS.

ANALYSIS BY THE STUDENTS

QUESTIONS

1. If placed in that situation what would you do?

2. How do you think the Black nurse felt?

3. What can the White nurse do to support her colleague in front of the patients?

4. How can such a situation be avoided?

5. What was positive from this situation?

FLORIDA INTERNATIONAL UNIVERSITY
SCHOOL OF NURSING

INTENSIVE CARE #3

Two patients are in the ICU Unit, both are males in their sixties. One is a White Hispanic the other is White American. Visiting time starts.

Two visitors arrived for the Hispanic patient. One visitor stopped the by the nurse's desk at the entrance of the room

Mrs. Rodriquez - Nurse, how is he doing.

Nurse - He seems to be holding nicely.

Mrs. Rodriquez - Has he complained about pain?

Nurse - I don't know he has been saying something in Spanish but I don't understand.

Mrs. Rodriquez - Do you think it will be possible for me to stay with him in case he wants to tell you something?

Nurse - I am sorry but hospital rules prohibits that.

Mrs. Rodriquez - But how do you know if he is in pain...

The focus changes to the patient and the other visitor. The patient began to speak.

Patient - Meduele el pecho, dame algo para el dolor.

Mrs. Rodriquez - (To the nurse) He is having chest pains he wants something for the pain

Nurse - (goes toward the patient's bed) Where does it hurt?

Intensive Care #3

Mrs. Rodriquez - Donde te duele

Patient - (Point to his heart) Traime a mis nietos. Los guiero ver

Nurse - What is he saying now.

Mrs. Rodriquez - He wants to see his grandchildren I think it will help him a lot to see them.

Nurse - Oh! Visiting time is over you have to go.

Mrs. Rodriquez - But...

ACTION STOP!

REACTION ANALYSIS

1) If a patient is in the ICC or CCU and he doesn't speak your language what will you do?

2) How do you handle visitors after visiting hours?

3) What will you do in a situation like that. when a patient askes to see member of his family?